

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** JOANIES HOME FOR HAPPY SENIORS II (410545)

**Address:** 497 S LAKE ST, MONTELLO, WI 53949

**License Status:** REGULAR

**Licensed/Certified/Registered** 09/01/1998

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0092166      **End Date:** 03/11/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10006944    Served 03/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(6)(a)1	CRIMINAL RECORDS CHECK		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.21(4)(i)1	CONFIDENTIALITY		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.33(3)(e)2.b	INJECTIONS		
83.35(2)	MODIFIED OR SPECIAL DIETS		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
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**Complaint History**

**Date Complaint Received: 12/11/2003**

**Date Investigation Completed: 03/11/2004**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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